UNFPA

United Nations
Population Fund

1992 REPORT

UNFPA 1992 Report

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Introduction

Dr. Nafis Sadik
UNFPA Executive Director

As we near the end of this century and the millennium, it is becoming more and more imperative that we strengthen ongoing efforts to resolve the population issue. This means responding to the needs of women and men to safeguard their reproductive health and to ensure their basic human right to decide freely and responsibly about child-bearing. It also means addressing the problems of population growth, distribution and movement.

Without the resolution of the population issue, all other concerns — poverty alleviation, economic growth, empowerment of women, sustainable development, environmental degradation and resource conservation — will become even more intractable.

Fortunately, individual concern for and global awareness of the population issue, and national commitment to help resolve it, have never been as high as they are today. This has been amply evidenced in the various expert-group meetings and regional conferences held in support of the preparatory process of the International Conference on Population and Development, to be held in Cairo between 5-13 September 1994.

The year 1992 has been very eventful for population and development activities around the world. The General Assembly adopted a resounding resolution in 47/176 underscoring the importance of the population issue and drawing the attention of the international community — national governments, international organizations, non- governmental institutions and the people at large — to make relevant contributions towards the success of the 1994 Conference.

Likewise, the holding of the United Nations Conference on Environment and Development (UNCED) and the call to hold the World Summit for Social Development, the World Conference on Women, and the Conference on Human Settlements, among others, have underlined the important role that population factors play in each of these areas. Indeed, the General Assembly has called for a closer coordination of the preparations of the population conference with those of the other conferences.

Furthermore, the landmark resolution 47/199 on the triennial policy review of operational activities and the ongoing debate on the restructuring and revitalization of the United Nations in the economic and social fields also have significant implications for operational activities in the population field.

Despite notable progress in improving reproductive health and in increasing the use of family planning, the annual increments to world population continue to rise and are at present around 93 million a year. Even worse, women and men continue to suffer needlessly because of limited access to family planning information and services.

Fortunately, the population programming experience during the last 20 years or so has shown the way to mount and implement effective population programmes that both respond to unmet needs of individuals and allow countries to achieve a better balance between population, available resources and prospects for development. The know-how, political will and country cooperation all exist, but the question of inadequate resources remains a major constraint.

As we step into the year 1993, the urgency for enhanced levels of resources — domestic and international — devoted to population programmes is perhaps stronger than ever before. The Amsterdam Declaration calls for the doubling of resources for population activities during the 1990s from around $4.5 billion in the late 1980s to $9 billion by the year 2000. To meet the large unmet need and to enable women and men as well as nations to confront their future with a choice, rather than chance, we must take on this challenge.

The report that is presented in the following pages tries to capture the essence of population activities that the Fund has been supporting in developing countries. The achievements, constraints and disappointments inherent in these efforts should be assessed within the global context alluded to in the first section of the report and within the individual, unique national settings.

Nafis Sadik
Executive Director

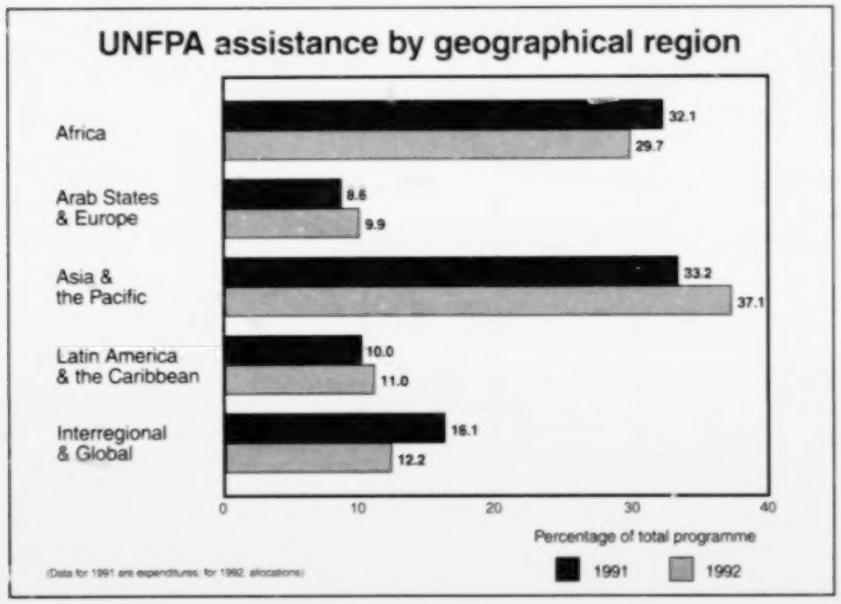
UNFPA in 1992 — Highlights

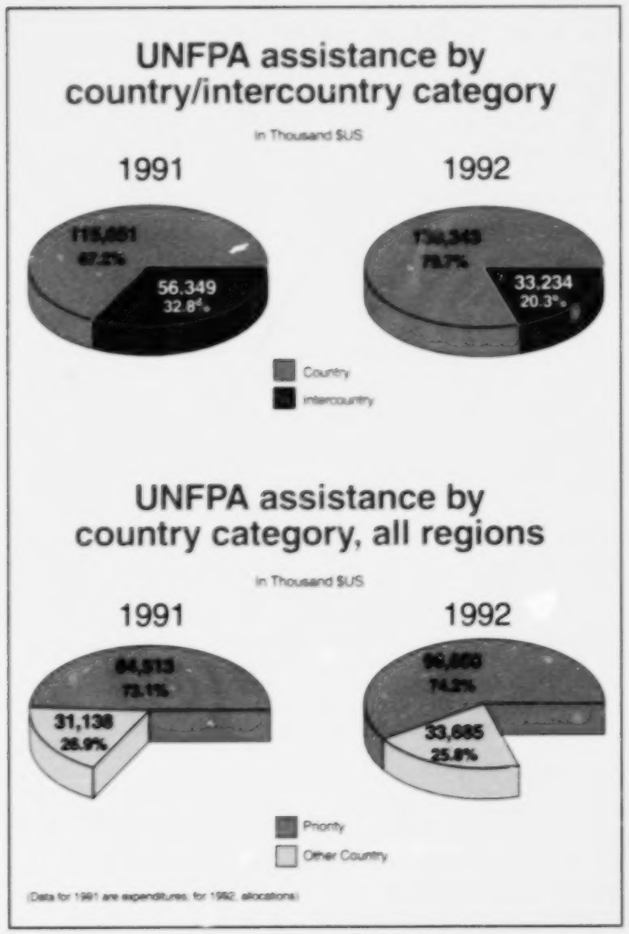
Pledges and contributions

- Income in 1992 (provisional) totalled $238.2 million, 6.3 per cent more than the 1991 income of $224.0 million.
- Pledges to UNFPA's general resources in 1992 totalled $233.8 million, $13.1 million more than 1991 (a 5.9 per cent increase). At year's end, cumulative pledges through 1992 totalled $2.7 billion from 161 donors.
- There were 105 donors in 1992, including two first-time donors (Gambia and Liechtenstein).
- The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional $41.5 million during 1992 for projects with allocations totalling $45.8 million at year's end.

Allocations and expenditures

- Total (provisional) programmable resources for 1992 were $184.6 million, compared to $181.3 million for 1991.
- Project allocations in 1992 totalled $163.6 million, including $40.2 million of unspent allocations from 1991. Project allocations in 1991 totalled $212.0 million, including $42.0 million of unspent allocations from 1990. Project expenditures (provisional) for 1992 totalled $128.2 million compared to project expenditures in 1991 of $171.8 million.
- Expenditures (provisional) in 1992 totalled $193.6 million, compared to $229.2 million in 1991. The 1992 figure includes: $103.1 million for country programmes, compared to $115.6 million in 1991; and $25.1 million for intercountry (regional and interregional) programmes, compared to $56.3 million for 1991. Total administrative and programme support services expenditures for both headquarters and field offices were $42.6 million in 1992 (net of $2.5 million overhead credits), compared to $42.3 million in 1991 (net of $3.4 million overhead credits). Field office costs were $18.8 million in 1992 compared to $18.7 million in 1991. Technical support services under successor support cost arrangements were $14.5 million (in 1991, technical support services were provided under intercountry projects and totalled $15.0 million). Administrative and operation services costs, set by the Governing Council at 7.5 per cent of expenditures of country activities, were $8.3 million.
- The project expenditure rate (expenditures divided by allocations) was provisionally 78.4 per cent, compared to 81.0 per cent





(final) in 1991. The resource utilization rate (expenditures divided by programmable resources) was provisionally 81.8 per cent in 1992, compared to 103.1 per cent in 1991.

- 429 new projects were approved in 1992, amounting to $43.5 million, compared to 350 new projects in 1991 amounting to $30.7 million.
- At year's end, UNFPA was assisting 1,499 projects: 1,192 country and 307 regional and intercountry projects (503 country and regional projects in Africa; 400 in Asia and the Pacific; 232 in Latin America and the Caribbean; 203 in the Arab States and Europe; and 161 interregional projects).
- For allocations in 1992 by major function, by geographical area, and by country category, see tables.

Country activities

- 289 new country projects were approved in 1992, amounting to $24.9 million or 19.1 per cent of total allocations of $130.3 million to country projects, compared to 287 new country projects in 1991 amounting to $22.8 million or 19.7 per cent of total expenditures for country projects.
- Allocations to continuing country projects amounted to $105.4 million or 80.8 per cent of total allocations to country projects, compared to 1991 expenditures for continuing country projects amounting to $92.8 million or 80.2 per cent of total expenditures for country projects.
- For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see charts.

Priority countries

- In accordance with the revised criteria for designating priority countries for UNFPA assistance, 58 countries have been given priority status: 32 in Africa, 17 in Asia and the Pacific, 5 in Latin America and the Caribbean, and 4 in the Arab States.
- Of the total amount of resources allocated to country programmes and projects in 1992, 74.2 per cent was allocated to priority countries, compared to 73.1 per cent of expenditures for the 55 countries with priority status in 1991.
- Total allocations in 1992 to priority countries amounted to $96.5 million, compared to $84.5 million in expenditures for priority countries in 1991.

Intercountry activities

- Allocations for intercountry activities (regional and interregional) totalled $33.2 million in 1992, compared to $56.3 million in expenditures in 1991. By category of activity, these allocations were: regional, $13.1 million in 1992, compared to $28.5 million in expenditures in 1991; and interregional, $20.1 million in 1992, compared to $27.8 million in expenditures in 1991.
- Intercountry programmes accounted for 20.3 per cent of 1992 total allocations, compared to 32.7 per cent of expenditures in 1991.

Execution of projects

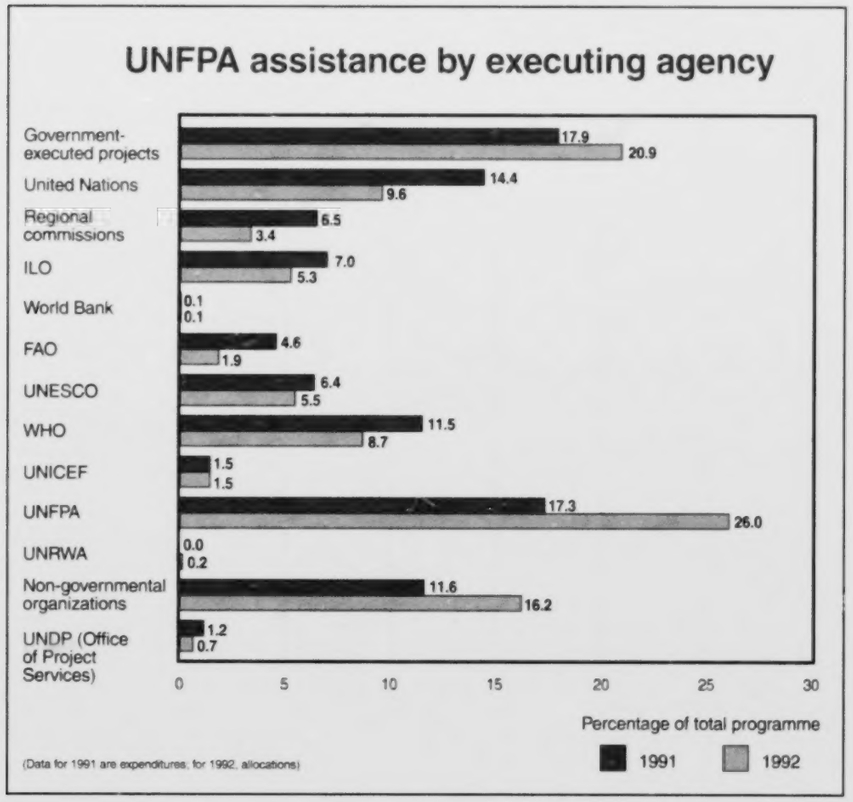
- 371 projects were directly executed by governments in 1992, compared to 371 in 1991, and totalled $34.2 million or 20.9 per cent of total 1992 programme allocations, compared to $30.3 million or 17.9 per cent of programme expenditures in 1991.
- For allocations in 1992 by executing agency, see graph on page 5.

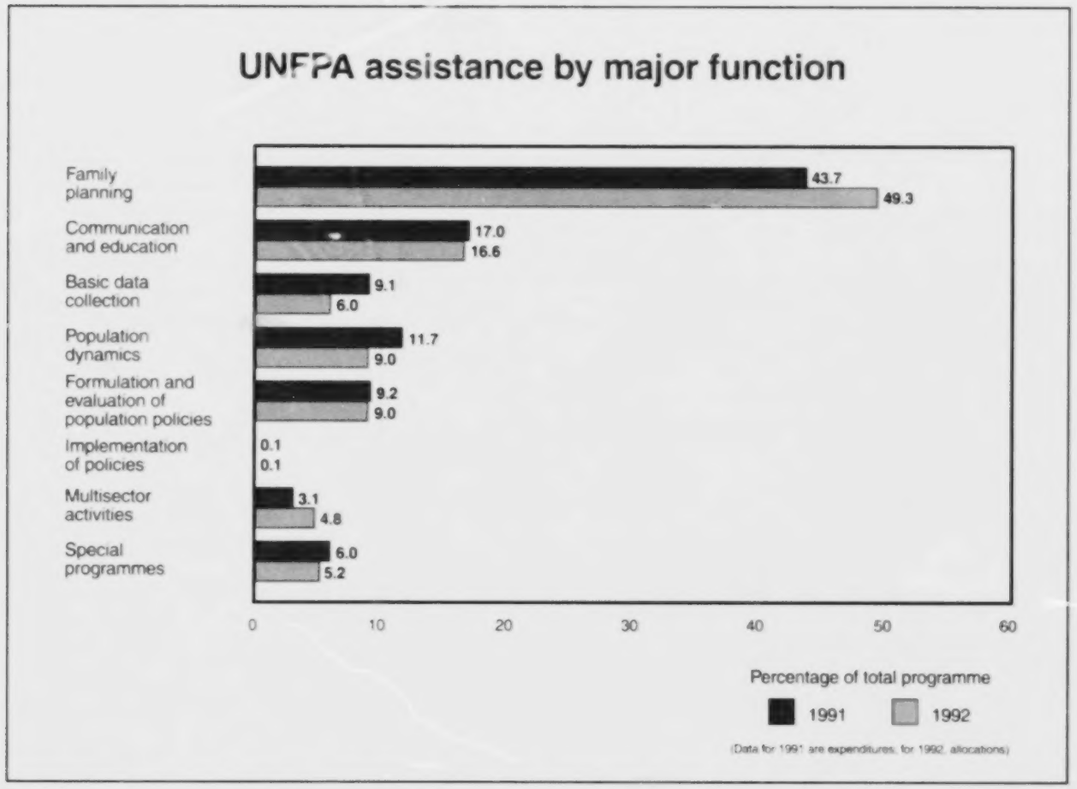
Programme Review and Strategy Development missions

- In 1992, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to 12 countries: 9 in Africa (Central African Republic, Equatorial Guinea, Ethiopia, Guinea-Bissau, Madagascar, Mali, Rwanda, Sao Tome and Principe and Uganda); and 3 in Latin America and the Caribbean (Colombia, Guatemala and Nicaragua). Two population needs assessment missions were undertaken in 1992: Central Asia (Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan); and two to the Baltic States (Estonia, Latvia and Lithuania). The latter were funded under extra-budgetary funding resources. A total of 184 missions (Programme Review and Strategy Development and population needs assessment missions) have been conducted from 1977 through 1992.

Administration and personnel

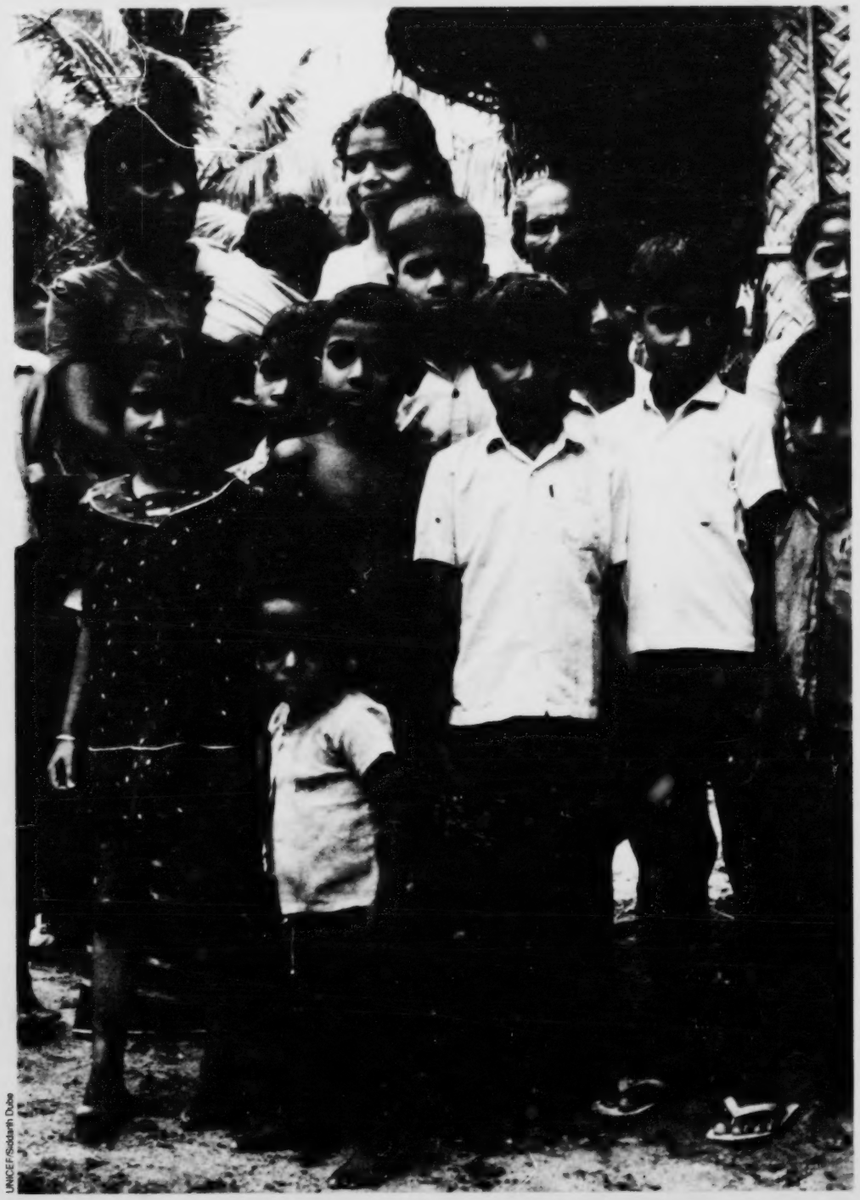
- In 1992, administrative and programme support services expenditures (provisional), including both headquarters and field office costs, were $42.6 million (net of $2.5 million of overhead credits) or 17.9 per cent of the 1992 total estimated income of $238.2 million. Comparable administrative expenditures in 1991 were $42.3 million or 18.9 per cent of the 1991 income of $224.0 million.
- As of 1 January 1993, the total number of authorized budget posts numbered 801, comprising 291 professional (including 112 national programme officers) and 510 general service staff. These include 107 professional and 135 general service posts at headquarters, 2 professional and 2 general service posts in Geneva and 182 professional and 373 local general service posts in the field.





- The percentage of women in UNFPA's professional staff at headquarters and in the field rose from over 41 per cent in 1991 to over 43 per cent in 1992, one of the highest percentages among United Nations agencies and organizations. In 1993, the percentage is expected to continue to increase.
- UNFPA continued to maintain a close operational relationship with the United Nations Development Programme (UNDP), which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, for personnel administration and travel services, and for the processing of Governing Council documents. Following agreement between UNDP and UNFPA on the subvention arrangement, UNFPA's reimbursement to UNDP for the services rendered was set in the budget at $3.9 million for the biennium 1992-1993. In 1992, UNFPA reimbursed UNDP the amount of $1.4 million.

The Population Situation in 1992



UNICEF/Siddarth Dube

Each day in 1992 the world grew by some 254,000 people. Fewer than 13,000 of them were in developed countries. The other 241,000 or so were in the developing world. Roughly 60 per cent were in Asia; 20 per cent were in Africa; 10 per cent were in Latin America. Most were born in rural areas. But many of them will join the millions of rural inhabitants who leave their villages each year and go to a town or city, where they will account for 60 per cent of the growth of the fastest growing populations in the developing world.

Those born in the developed world can expect to live, on average, to age 74. Girls will outlive boys by seven years. A typical female will marry in her early twenties and have her first child at age 23, in hospital and attended by trained staff. She will end her child-bearing seven years later at age 30, when she has her second and last child. She and her children will enjoy good health care, receive adequate schooling and be assured of adequate nutrition. Her child-bearing will likely result in a healthy, educated and small family.

Children born in developing countries can expect a different life. Proportionately, five times as many will die in infancy as those born in developed countries. In absolute numbers, well over 90 times as many will die. Females will outlive males, on average, by about three years and live to age 64.

A typical young woman will marry in her teens and have her first child at 19 and her last at 37, a child-bearing span of 18 years. Slightly over half of the births in the developing world will be attended by a trained person. The most disadvantaged females may have as many as 10 children, unless they die in childbirth first.

Many children, especially in least-developed countries, will suffer from chronic anaemia caused by poor nutrition and from infectious, parasitic and other respiratory diseases. As a result, they will be sick more often, have smaller babies and die earlier than those who grow up in developed countries.

A lot more of these children will go to school and learn to read than in their parents' time, but because of the combined effects of poverty and population growth, many,

Children born in developing countries are five times as likely to die in infancy as those born in developed countries. At right, mother and daughter hold twin babies in Recife, Brazil.

UNICEF/Sean Sprague

Most adolescent mothers have little or no education, and rarely know of or have access to family planning.

particularly in sub-Saharan Africa, will not receive enough schooling to learn how to read or write. Their child-bearing will all too often result in large families that are unhealthy, poorly educated, and living amid poverty.

According to the World Health Organization (WHO), over 100 million acts of sexual intercourse took place each day during the year. Some 910,000 resulted in conceptions, half of them unplanned and a quarter unwanted. On average, some 1,370 women died every day from causes related to pregnancy or childbirth, all but 11 of them in developing countries; thousands more nearly died. Many of the mothers were children themselves; their offspring died at an even more alarming rate. Approximately 25,000 infants and 14,000 children aged 1 to 4 years died each day.

Poor adolescents were among the most vulnerable mothers and the most likely to have unhealthy and unwanted pregnancies. Mothers aged 15-19 were two to three times more likely to die in childbirth than mothers in their early twenties. Those under age 15 were five times more likely to die in childbirth, and their babies were more than twice as likely to die in their first year of life than those born to mothers in their early twenties.

Most adolescent mothers had little or no education, and rarely knew of or had access to family planning. Women over 35 were just about as vulnerable, especially those with many previous pregnancies that were closely spaced.

Many of the deaths of mothers and infants could have been avoided had family planning and maternal health care been broadly available. Indeed, three-quarters of the women at risk could be identified if each had just one ante-natal examination. Unwanted pregnancy subjects women to unnecessary health risks and is less likely to result in a successful outcome than a planned pregnancy. Family planning thus not only prevents births, it saves lives. It is also a universally recognized human right.

In 1992, estimates of unmet demand for contraception ranged from 24 per cent in sub-Saharan Africa to 13 per cent in Asia and North America. World-wide, some 300 million couples wanted to practise contraception, but had no access to family planning services. Countless others did not know such services existed, or had only partial or incorrect information about them. In many parts of the world because of social, cultural and legal barriers and because of women's generally low status in society, even when such services were available, women often were not able to use them.

Contraceptive use varies widely from region to region, and within each region. In developing countries in 1991, according to a UNFPA-funded Population Council assessment, 51 per cent of married women of reproductive age were using some form of contraception, 60 per cent in Latin America, 40 per cent in South and South-east Asia, 36 per cent in North Africa and the Middle East, and 9 per cent in sub-Saharan Africa. Another recent study found a striking range of contraceptive use from country to country within each region: from 2 per cent to 70 per cent in sub-Saharan Africa; from 7 per cent to 70 per cent in Latin America and the Caribbean; and from 1 per cent to 74 per cent in Asia and northern Africa.

Child-bearing is one of the leading causes of death among women of reproductive age in developing countries. The maternal mortality ratio is highest in Western, Central and Eastern Africa, where it reaches as high as 1,000 per 100,000 live births and averages between 680 and 780 per 100,000. Maternal mortality is also high in parts of Southern Asia and Oceania. There is a staggering disparity between the developing and the developed worlds; in the former there are 320 maternal

deaths per 100,000 live births, in the latter 26 per 100,000.

High fertility rates compound the risk of dying during pregnancy. Lifetime risk is greatest in Western, Central and Eastern Africa. Total fertility rates in these areas are well over 6 children per woman, and it is not uncommon for women to have as many as 8 live births and 10 or more pregnancies. The lifetime risk of dying from pregnancy-related causes in such areas is greater than 1 in 20.

In Northern America, where the total fertility rate is less than 2, a woman's lifetime risk of death due to pregnancy is roughly 1 in 4,000. In some developed countries the lifetime risk is between 1 in 6,000 and 1 in 9,000; the risk is 80 to 600 times greater in developing countries. Such risk — and the inadequacy of women's reproductive health in general — is tragically magnified in countries ravaged by war, civil or political unrest, or natural disasters.

Poor schooling, illiteracy and poverty contribute to high fertility rates and thus further compound the risk of maternal and infant mortality. Children and pregnant women suffer first and most under poor socio-economic conditions. Education, especially for females, results in greater economic opportunity and lower fertility. Recent studies suggest that each additional year of schooling at the secondary level is associated with a 10-20 per cent increase in a woman's wages, and a 5-10 per cent reduction in fertility. Education is thus an important link between economic expansion and slower population growth, as are family planning and reproductive health care.

The families of educated women are likely to be healthier and smaller than those of uneducated women. Indeed, the more education a mother has, the less likely her children are to die between 1 and 5 years old. Educated women tend to marry later and are more likely to be employed and live in a city than uneducated women. They are also more likely to plan the size of their families, get ante-natal care and ensure that their deliveries are attended by a trained person.

UNFPA Programme

UNICEF-John Isaac

Overview

UNFPA's *The State of World Population 1989* report, *Investing in Women: The Focus of the Nineties*, anticipated the thrust and direction of the Fund's programme in the current decade. The report looked at women as agents of change, examining their productive and reproductive roles and demonstrating that the two are inextricably linked. It argued that women are at the heart of development and central to change. Investing in women, therefore, means widening their choices and reducing their dependence on children for status and support. It also means making women a development priority.

The report identified family planning as one of the most important investments a society can make. For women, the freedom to choose when to have children, and how many to have, represents a fundamental right upon which all other rights depend.

Two years later, *The State of World Population 1991* report focused on family planning as the difference between choice and chance. It stressed that strong family planning programmes have an effect at any stage of a country's development. Whatever their income or education, couples choose small families when they have adequate family planning information and services. The key to the success of family planning programmes, therefore, is to ensure that couples and individuals have easy access to a wide range of contraceptive methods, and the information and education to decide whether to use them.

In this context, the UNFPA programme in 1992 vigorously promoted the concept of family planning as a basic human right, based on the principle of informed and voluntary choice. It emphasized the importance of providing quality family planning services to both men and women as a means to help individuals and couples plan the size of their families, and to safeguard women's reproductive health. It also stressed that satisfying individual needs and unmet demand would more than meet national demographic goals.

UNFPA helped governments provide such services through comprehensive programmes integrating family planning into maternal and child health care, and into reproductive-health programmes. It also sought to integrate family planning into public, private and non-governmental organization (NGO) service-delivery networks in all sectors.

Such programmes typically sought to: provide a wide choice of safe and effective contraceptive methods; provide information and counselling to help users select and practise contraception effectively; make clinical and referral services available for methods that require them; and train service providers in

Whatever their income or education, couples tend to choose smaller families when they have adequate family planning information and services. At right, family in Perquin, El Salvador.

UNICEF-Nancy McGirr

UNFPA's Plan of Action for Gender, Population and Development in sub-Saharan Africa emphasized the provision of maternal and child health services in communities and women's workplaces. Above, community health centre in the Congo.

family planning techniques and counselling, responsible sexual behaviour and responsible parenthood.

Helping countries procure, produce and distribute contraceptive supplies were among UNFPA's main activities in 1992. The UNFPA Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s progressed rapidly (see the sections on family planning and procurement below), benefitting greatly from international and national cooperation.

To strengthen community participation, the Fund provided additional support to train local staff in motivating people to use contraceptives and involving communities in their distribution.

UNFPA also drew attention to the urgent family planning and reproductive-health needs of women caught in catastrophic situations, and sought to generate support for activities to address those needs. As with all its activities, the Fund sought to build upon and expand collaboration and coordination among its United Nations partners, NGOs and the private sector.

The Fund supported numerous activities to strengthen and expand family planning services, especially in rural and remote areas (the next chapter of this report reviews the UNFPA programme by geographic region).

In sub-Saharan Africa, for example, 29 of 41 countries reported significant progress in expanding their family planning service networks, and increased use of such services. Evaluations of activities in individual countries, however, showed mixed results. The percentage of government health facilities offering family planning ranged from just 1 per cent in one country to 100 per cent in three others. In some countries, services were provided only sporadically; in others, they were not promoted as openly and enthusiastically as other health-related services.

In the Arab States, contraceptive use continued to increase markedly. Eight countries had contraceptive prevalence rates of 32 per cent or higher, and three of these had rates of 50 per cent or higher. Still, rural and urban fertility and contraceptive rates differed markedly. For this reason, improving rural people's access to family planning services remained a primary objective of population programmes in most Arab countries.

In Asia and the Pacific, UNFPA emphasized safe motherhood in new activities in a number of countries, and provided contraceptive supplies to numerous others. The Fund also supported a wide range of activities to integrate family planning into primary health-care networks, improve the quality of existing services, and extend integrated maternal and child health and family planning (MCH/FP) services to poor and remote areas.

Despite considerable success in these activities, however, fertility rates remained high in South Asia, averaging some 4.7 children per woman. UNFPA responded by supporting activities to improve access to quality family planning services, strengthen the management of MCH/FP services, and link family planning programmes more closely with other social-sector programmes. The Fund also played a strong advocacy role in promoting measures to improve the status of women, and in urging governments and other agencies active in the region to do so.

In Latin America and the Caribbean, the Fund devised a strategy to improve the reproductive health of women, especially poor women and adolescents, with a major emphasis on reducing abortion and adolescent pregnancy and increasing contraceptive prevalence. Accordingly, UNFPA helped countries develop activities to improve reproductive-health care, provide effective counselling, enhance family planning service delivery, and expand the mix of available family planning methods. UNFPA also supported activities to extend family planning services in rural and marginal urban areas, and to establish such services in referral hospitals.

In the European region, UNFPA assistance continued to focus on reducing the high incidence of abortion and the relatively high infant and maternal mortality rates. The Fund stepped up efforts in several countries to provide modern contraceptives and train medical staff in their use.

The UNFPA interregional programme's MCH/FP activities once again focused on

UNFPA helped a number of countries establish income-generating activities for women. Above, women in Bangladesh produce traditional macramé handicrafts.

contraceptive research, the primary aims of which were to widen the range of safe contraceptives available and enhance their effectiveness, and to devise and/or update technical, managerial and service guidelines on contraceptive technologies. UNFPA provided support to conduct comparative trials of the safety and effectiveness of two copper intrauterine devices (IUDs) and to introduce once-a-month injectable contraceptives in selected developing countries.

Women at risk during pregnancy, adolescents and men were important targets for UNFPA assistance. Indeed, The Fund stepped up its efforts to improve the reproductive health of adolescents, both married and unmarried.

The revised UNFPA Plan of Action for Gender, Population and Development in sub-Saharan Africa emphasized the reproductive health of women most at risk, the need to make MCH/FP services available in communities and women's workplaces, and the development of strategies to involve men more in family planning and responsible parenting. It also encouraged adolescents to postpone marriage and child-bearing until they reach physical and emotional maturity.

The recently adopted strategy for UNFPA assistance in Latin America and the Caribbean concentrates on reproductive-health activities aimed at women, men and, especially, adolescents. It aims to reduce maternal mortality and the incidence of unwanted and high-risk pregnancies, acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases (STDs), and abortion. The Fund also provided assistance to train health promoters and medical personnel in providing family planning information and services to adolescents.

Closely associated information, education and communication (IEC) activities generated political support for population activities as an integral component of sustainable development, increased public acceptance of family planning services, and addressed key concerns of target groups.

Activities included: helping countries develop comprehensive national IEC strategies; informing decision makers and religious and community leaders about family planning as both a basic human right and a health measure; integrating information and education components into MCH/FP, reproductive-health and development programmes; incorporating population and family life education into school curricula and out-of-school programmes; and conducting research to help design messages appropriate to target groups. Innovative peer education and youth-to-youth counselling on adolescent reproductive health proved successful in a number of countries.

In anglophone Africa, as part of a regional training programme, UNFPA helped organize pilot courses focused on IEC strategy development and programme management, and on audience research and message design. This was part of a larger effort to design effective technical training for IEC staffs in anglophone and francophone Africa. The Fund also helped to develop innovative IEC approaches, including the incorporation of family planning messages in radio "soap operas" and folk dramas.

Youth-to-youth IEC activities in several Arab countries helped educate young people about family planning and responsible parenthood, and married female adolescents about the effects of early child-bearing. IEC activities in Asia and the Pacific focused primarily on providing support for MCH/FP services, but also addressed the special needs of adolescents.

UNFPA-supported IEC activities in Latin America and the Caribbean to help prevent adolescent pregnancy included: training future public school teachers in sex education; adding counselling on birth spacing and breast-feeding to the information activities of community health agents; and producing educational videos, radio programmes and information bulletins. In addition, the new UNFPA strategy for the region stressed the need to develop and implement comprehensive IEC strategies in each country.

UNFPA continued to help developing countries generate population data and collect, analyse and disseminate population information. In sub-Saharan Africa during 1990-1992, some

24 countries undertook censuses, 17 improved civil registration, 20 conducted demographic and health surveys, 22 carried out fertility and contraceptive-use studies, and 11 conducted migration studies.

In 1992, the Fund designed a special research programme to assist sub-Saharan African countries in carrying out sociocultural research, and in collecting and analysing data on fertility, mortality and MCH/FP. A major activity in the Arab States region was analysis of data collected during the first phases, ending in 1991, of two jointly funded surveys — the Pan-Arab Project for Child Development (PAPCHILD) and the Gulf Health Survey. The information was used to develop and improve MCH/FP policies and programmes throughout the region.

UNFPA assistance helped many Asian and Pacific countries become self-reliant or technically competent in data collection and analysis. The Fund provided technical assistance for census activities in a group of Pacific countries. In a number of other countries it supported analysis of census data and dissemination of the results, training in research skills for national staff, and the upgrading of equipment.

UNFPA also helped develop a project to test new technologies to speed up census data processing and analysis. It provided assistance for numerous censuses and census-related activities in Latin America and the Caribbean, and supported analysis, evaluation and dissemination of the results. The Fund also supported data-processing training for nearly 600 national personnel in the Caribbean.

Women, population and development activities figured prominently in the UNFPA programme. As part of ongoing efforts to improve the role and status of African women, the Fund supported some 40 integrated women, population and development projects in 28 countries. The projects generally addressed women's reproductive and productive needs. UNFPA also supported 29 of the 31 national women's organizations active in population activities, and provided support to help strengthen government women's bureaus in 28 countries.

In the Arab States region, UNFPA worked closely with the Arab Gulf Programme for the United Nations Development Organizations (AGFUND), UNDP and the International Planned Parenthood Federation (IPPF) on preparations to establish the Arab Women's Centre for Training and Research. This centre in Tunis, expected to open in May 1993, will train Arab women in a wide range of population-related activities, including data collection, analysis and research, and will provide a regional forum for the exchange of information and ideas.

In Asia and the Pacific, UNFPA emphasized activities to improve the status of women, often through support to education programmes for women and girls, and to facilitate women's participation in social and economic development. The Fund also helped a number of countries establish income-generating activities for women, especially in poor and remote rural areas, and provide training in micro-enterprise management and family welfare.

In Latin America and the Caribbean, the Fund strove to improve the quality of socio-demographic data on women, and supported gender-awareness creation in the formulation, implementation and evaluation of programmes and projects.

In line with its implementation strategy seeking to strengthen UNFPA's capacity to deal with issues concerning women, population and development, the Fund during the past two years revised its sectoral policy guidelines and checklists, and its project formulation and appraisal guidelines, to make them more gender sensitive. Women's concerns are also now well reflected throughout revised UNFPA guidelines for Programme Review and Strategy Development exercises, particularly in the guidelines for MCH/FP and IEC. Two training workshops on women, population and development helped UNFPA headquarters staff sharpen their skills in incorporating gender into each of UNFPA's programme areas. Similar training was also provided to field staff and team leaders of UNFPA Country Support Teams.

In 1992, the Fund analysed the information provided on UNFPA "Gender Reporting Forms", designed the previous year to ensure that women would be involved in every phase of project development and implementation. The forms, which elicit information on women as participants and beneficiaries of UNFPA activities, must accompany all project submissions, including those approved in the field. The review indicated that the forms provide important information on the gender dimension in UNFPA projects, but need to be standardized and recorded in an accessible database.

To improve the technical dimension of women, population and development activities, the Fund issued publications and reports including *Women and Micro-enterprise Development*; *Women, Population and the Environment*; *South Asian Women*; and the practical training guide, *Incorporating Women into Population and Development: Knowing Why and Knowing How*.

Programme implementation

UNFPA programme implementation focused on strategic programming and its requisite technical assistance, decentralization, coordination, procurement and national execution.

Key to the success of strategic programming is the PRSD exercise, organized by UNFPA in cooperation with the Government to develop a coherent framework for a national population programme and help generate a consensus in support of it. The exercise, which normally lasts two years and culminates in a four-to-six-week PRSD mission to the country, analyses a country's current population status and needs, assesses past population activities, and makes recommendations for action in terms of an overall national strategy.

During 1992, UNFPA organized nine such missions in sub-Saharan Africa (Central African Republic, Equatorial Guinea, Ethiopia, Guinea-Bissau, Madagascar, Mali, Rwanda, Sao Tome and Principe, and Uganda), and three in Latin America and the Caribbean (Colombia, Guatemala and Nicaragua). The Fund used the recommendations of these missions to help develop comprehensive country programmes for all nine sub-Saharan African countries and for Colombia and Guatemala.

The published report on the PRSD exercise plays an important role in strategic programming, serving as a reference point from which to develop a comprehensive population programme, and to formulate, implement and coordinate its activities. During 1992, UNFPA published 13 PRSD reports, bringing to 25 the total number of such reports published by the Fund.

Also in 1992, UNFPA finalized the *Guidelines for Programme Review and Strategy Development*, following consultations with UNFPA staff and team leaders involved in PRSD exercises. The Fund distributed the guidelines to the United Nations, including its regional commissions, selected NGOs, and major and multi-bilateral donors.

To strengthen national execution of UNFPA-funded activities, the Fund organized two regional workshops — in Manila, the Philippines, and Kingston, Jamaica — to train national staff in UNFPA finance and accounting procedures. The Fund also provided support to train staff of some national NGOs in these areas.

In 1992, governments and national NGOs executed country-level activities with a total cost of $28.2 million; this accounted for some 27.4 per cent of UNFPA regular resources, compared to 26.3 per cent for such activities in 1991.

In conjunction with efforts to expand national execution, UNFPA further decentralized approval authority. The aims were to: enable UNFPA Representatives and Country Directors to respond more quickly to emerging needs; improve the quality and coverage of programmes and projects; and speed up programme delivery. Revised decentralization guidelines allowing for far greater approval authority at the field level will go into effect in early 1993.

UNFPA also sought to enhance the managerial capacity of field offices through training, staff transfers and staff recruitment, taking steps to ensure that each field office was covered by a UNFPA Country Director.

High-quality technical assistance is an integral component of strategic programming, and is essential to the success of national execution and decentralization. It is also at the core of the Fund's successor support-cost arrangements, which seek to: provide timely and effective support for population programmes and policies in developing countries; bring technical services and advice to field-level activities; and help governments assume the management of UNFPA-funded programmes and projects.

These new arrangements are in consonance with General Assembly resolution 47/199, which stresses the need for the United Nations

Guatemalan refugees return from exile in Mexico to new homes in designated resettlement areas. Guatemala was one of nine countries to which UNFPA fielded PRSD missions in 1992.

UNICEF/Barbara Lemke

A UNFPA thematic evaluation examined the effectiveness of various income-generating activities for women. At right, woman in Guinea waters her vegetable garden.

UN/DPI Marie Monrose

development system to: deliver assistance more effectively and efficiently; strengthen its capacity to provide policy and technical assistance and advice; and give increased priority to helping countries build the capacity to undertake national execution.

The principal UNFPA mechanism for providing technical support services is the country support team. During 1992, six of eight teams became operational — two in Africa (a third became operational in January 1993); two in Asia (a third is expected to become operational in April 1993); one in the Arab States; and one in Latin America and the Caribbean.

The teams conducted technical support missions to 23 countries, and one team participated in a PRSD exercise. Five teams participated in tripartite project reviews. Several teams published newsletters on their activities, and one began to prepare a roster of national and international experts.

Team building proceeded rapidly. Team leaders in Dakar, Senegal, and Harare, Zimbabwe, organized seminars for team members, in which each made a presentation on his or her specialization. The team in Santiago, Chile, met weekly to discuss requests for technical assistance and to coordinate work plans and relations with agencies.

Teams in Asia reviewed country project proposals. Several UNFPA Country Directors noted that teams had responded promptly and effectively to requests for technical assistance.

The process of recruiting advisers to the teams has been painstakingly slow, however, marked by extensive consultations with partner agencies on all proposed appointments, and prolonged by delays in advertising vacant posts. Many qualified candidates have been discouraged by the lack of tenure and the level of the posts.

The work of the teams has also been hindered by delays in the signing of formal agreements with the host countries, which set out the legal status of the country support teams. Financial constraints further slowed the whole arrangement, as the Fund had to reduce the 1992 budget from $20.1 million to $15.7 million.

Evaluation remained an integral part of UNFPA's programming process. A random review of project evaluation reports found that built-in evaluation components had, on average, been of good quality. Common shortcomings identified in the reports included inadequate project design, delays in work-plan implementation, and a lack of baseline information.

UNFPA conducted two major thematic evaluations. The first examined programmes to implement IEC strategies in support of family planning service delivery. Evaluation teams visited project sites in the Comoros, India, the Philippines, Rwanda and Zambia to study the effectiveness of various communication approaches in support of family planning programmes. A comparative analysis of these case studies and selected project evaluations will be completed in early 1993.

The second thematic evaluation focused on UNFPA-supported income-generating activities for women, examining the effectiveness of different approaches in empowering women and changing their reproductive goals and behaviour. Evaluation teams visited project sites in Egypt, Ghana, India, Kenya, Paraguay and the Philippines. A comparative analysis of these country case studies will be completed in early 1993.

Family planning

UNFPA programme activities

To provide clearer guidance in MCH/FP, the Fund revised its guidelines on support for family planning programmes. The revised guidelines give greater emphasis to safe motherhood and reproductive health, and to the important contribution family planning can make in both areas. They also give more emphasis to integrating family planning with maternal and child health in the context of primary health care.

The guidelines continue to stress women's roles as managers, advocates, providers and users of family planning services, and emphasize choice and voluntarism as prerequisites for all family planning activities.

The Fund published and circulated the 1992/93 *Directory of Training Courses in Family Planning and Maternal and Child Health*, which gives updated information on short-term courses world-wide under four headings: clinical training; management training; IEC training; and training of trainers.

The Fund continued to support MCH/FP training programmes for service providers, in cooperation with Laval University, the University of Montreal, the Tunis Centre of International Family Planning Training, and the Mauritius Institute of Health. UNFPA collaborated with the *Université Libre de Bruxelles* to produce a family planning manual in French, covering clinical techniques and programme management, to be used in these training centres.

UNFPA helped plan and organize the Expert Group Meeting on Family Planning, Health and Family Well-being, held in October in Bangalore, India, as part of the preparations for the 1994 International Conference on Population and Development (ICPD). It also contributed a paper on future contraceptive requirements and logistics management needs. Participants adopted 35 recommendations which will be forwarded to the ICPD Preparatory Committees scheduled for 1993 and 1994.

The recommendations address such issues as the social setting of family planning programmes, family planning and health, women's status and family planning, adolescent reproductive health, quality of services, public education and information, the role of NGOs and the private sector, contraceptive requirements, resource mobilization, and research and evaluation.

In October, UNFPA and representatives of several agencies and organizations working in the population field discussed ways to recover the costs of family planning services in order to sustain programmes. A formal consultation on this subject, planned for 1993, will review experiences and issues related to cost recovery of primary health-care and family planning services, to provide guidance to developing countries considering such cost-recovery schemes.

UNFPA participated in numerous activities intended to strengthen coordination among United Nations agencies and organizations, as well as between such agencies and organizations and NGOs.

The Fund: co-sponsored, with the United Nations Children's Fund (UNICEF), WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO), a revision of the UNICEF pamphlet *Facts for Life*; contributed to the joint UNFPA/UNICEF/WHO brochure on traditional birth attendants; participated in a meeting on the Safe Motherhood Initiative at World Bank headquarters and organized a session on adolescent fertility; and took part in the Management Committee meetings of the

New mother and her baby in Brazil. UNFPA's revised guidelines on support for family planning programmes emphasize the important contribution family planning can make to safe motherhood and reproductive health.

UNICEF-Susan Sprague

Women get family planning advice at a clinic in Jendouba, Tunisia.

WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP), its Standing Committee and various task forces.

UNFPA also participated in the International Medical Advisory Panel of IPPF, the WHO/Federation of International Gynaecologists and Obstetricians Task Force, and the Commonwealth Medical Association Symposium and Training Workshop on Reproductive Health.

The Fund once again collaborated closely with the Administrative Committee on Coordination (ACC) Sub-Committee on Nutrition, and helped with preparations for the International Conference on Nutrition, held in Rome in December.

UNFPA technical notes and publications circulated to field offices during the year included: a technical note summarizing scientific data on Norplant subdermal contraceptive implants; information on new developments in IUDs; a publication on managing the quality of care in population programmes; a note on the importance of family planning for child health; a publication on family planning and child survival programmes as assessed in 1991; a publication on management strategies for family planning programmes; and the UNDP projection of maternal mortality and morbidity.

Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. With financial assistance from the Swedish International Development Authority (SIDA), the Rockefeller Foundation and the World Bank, UNFPA set up a three-person unit at the Fund to oversee implementation of the UNFPA Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. The unit helped organize in-depth country studies of contraceptive requirements and logistics management needs in India, Nepal, Pakistan and Zimbabwe, carried out by teams of experts on missions fielded by UNFPA.

The missions were undertaken in close collaboration with the governments and in consultation with other agencies and organizations, including IPPF, the United States Agency for International Development (USAID), the British Overseas Development Administration (ODA), the World Bank, the Population Council and the Rockefeller Foundation.

Where possible, specialists from the collaborating agencies and organizations helped organize and participated in the missions. For example, IPPF, the Population Council and USAID were involved in the mission to Pakistan (10 February to 6 March); USAID, the WHO Global Programme on AIDS (GPA) and the Program for Appropriate Technology in Health (PATH) in the missions to Zimbabwe (8 July to 5 August) and India (7 September to 5 October); and ODA and USAID in the mission to Nepal (16 November to 16 December).

The final report of each mission provides detailed cost estimates of each country's contraceptive requirements, including condoms for HIV prevention, for the next 10 years, and includes an analysis of short-term procurement and operational needs. It also summarizes the mission's assessment of the country's logistics management system, and the conclusions of its investigations into local contraceptive production and NGO and private-sector participation in the country's family planning programme.

UNFPA published the studies on Pakistan and Zimbabwe as part of its publication series covering important developments in the population field. Drafts of the reports for India and Nepal were also completed. The Pakistan report identified an urgent need for IUDs, which UNFPA was able to meet by providing 650,000 units. In addition, the Government of Pakistan drew on the study's findings and recommendations to support its requests for external assistance at a November donors meeting in Islamabad. The global initiative will further develop and refine a methodology for future such studies.

Also under the global initiative, UNFPA prepared a guide for government procurement departments which sets out procurement options (direct, single-source procurement; procurement through an intermediate agency; and direct competitive procurement). The

Teenage Bolivians in the marginal neighbourhood of Alto Temiaderini, outside La Paz. Adolescents are a focus of UNFPA-supported educational efforts to prevent the spread of AIDS.

guide describes the procedures and structure needed for each option, and discusses the advantages and disadvantages of each. It will be published in 1993.

As part of its effort to chart donor support for contraceptive commodities throughout the world, UNFPA noted a number of significant donor actions during 1992.

For example, ODA provided $1.2 million for injectables and oral contraceptives in Ghana; SIDA funded the procurement of 2 million IUDs for India, and through UNFPA procured approximately $1.6 million in contraceptives for Angola, Nicaragua, Sri Lanka, Uganda, Viet Nam, Zambia and Zimbabwe; Austria provided over $422,000 for injectables for Rwanda; the World Bank provided 2 million doses of injectables and 15 million cycles of oral contraceptives for Bangladesh; and the Finnish International Development Agency signed an agreement to allocate approximately $2.4 million over three years for supplies of Norplant for Nepal. The German Government provided some $233,000 in emergency contraceptive supplies to Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan.

HIV/AIDS-prevention activities. UNFPA supported activities to prevent the spread of the human immunodeficiency virus (HIV) and AIDS in 70 countries in 1992, compared to 41 in 1991.

In keeping with its mandate, the Fund focused on: (a) incorporating AIDS-related components in population, family life and family planning education and communication programmes; (b) providing information and counselling on AIDS prevention, and distributing condoms as part of MCH/FP service programmes; (c) including AIDS education and information components in all pertinent training programmes, particularly those for MCH/FP service providers; and (d) conducting socio-demographic, operational and biomedical research.

Reports from field offices indicate that a number of countries (e.g. Honduras, India and Kenya) broadened the scope of activities to include knowledge, aptitude and practice studies and socio-demographic research related to HIV/AIDS, while others (Congo, Gabon, Jamaica, Uganda, the United Republic of Tanzania, Uruguay and Zimbabwe) increased their emphasis on the needs of women and adolescents with regard to AIDS-prevention and control.

UNFPA participated in efforts to increase coordination and cooperation in activities to prevent the spread of HIV/AIDS. It took part in the Management Committee of WHO/GPA, the Inter-Agency Advisory Group on AIDS, and inter-agency discussions to set up coordination mechanisms for AIDS-prevention activities at the country and interregional levels. UNFPA also worked closely with WHO/GPA in preparing country estimates of condom requirements for HIV/AIDS prevention, as part of the Fund's global initiative.

With the assistance of UNFPA field offices, the Fund prepared and distributed its *AIDS Update 1991*. The update gives detailed information on UNFPA support for AIDS prevention activities in four areas: condom supply; AIDS training for MCH/FP service providers; AIDS education in population education programmes; and AIDS education in general IEC programmes. A similar update for 1992 is being prepared. The Fund also regularly circulated information and materials on AIDS to all field offices.

Information, education and communication

UNFPA worked closely with national authorities to develop comprehensive national IEC strategies in numerous countries, including Burundi, Egypt, Ghana, the Philippines, Rwanda and Viet Nam.

The Fund also helped UNESCO organize a regional IEC experts' meeting in Bangkok to review population IEC strategies in the Asia and Pacific region; experts and programme administrators from 15 Asian countries identified emerging needs in population IEC, and assessed the communication support requirements of population policies and programmes in the 1990s.

UNFPA helped countries in the South Pacific, Central and Eastern Europe, and other regions to develop strategies and programming approaches for modern family planning methods and adolescent reproductive health care, to prevent adolescent pregnancies and STDs.

The Fund distributed a *Programme Advisory Note on Youth* to UNFPA staff, government officials, and national and international NGOs active in the area of youth. The note recommended that more attention be paid to meeting young people's reproductive health needs, and to facilitating their participation in population and development.

The publication further stressed the importance of developing comprehensive strategies on youth, population and development. Such strategies should combine carefully targeted IEC activities with strengthened reproductive-health and family planning services for youth, and seek to improve the health, welfare and status of young women, and involve young men in family planning and responsible parenthood.

The role of youth was highlighted in the population programmes of numerous countries, including Colombia, Honduras, Rwanda, Senegal and Uganda.

Increased attention was paid to innovative educational approaches to human sexuality. For example, the Fund provided assistance to the Mexican Family Planning Federation to develop and refine a sex education course addressing five closely interrelated, topics: communication within the family; puberty and reproduction; ethics of sexuality and youth; prevention of STDs; and early pregnancy. The course tries to help youth define their personal values and prepare them to make decisions.

A UNFPA-supported youth-to-youth reproductive-health and family planning education and counselling activity in Sierra Leone became self-sustaining during the year. Counselling sessions were held in confidence and in locations where youth did not feel threatened by the presence of adults. As a result, youth leaders volunteered to distribute contraceptives to sexually active youth in the community. They also sold contraceptives at a reasonable price, receiving supplies from the Planned Parenthood Association of Sierra Leone and clinics supported by Marie Stopes International.

UNFPA also supported successful peer-counselling activities for adolescents in Antigua and Barbuda, Egypt, Ghana, Kenya, Morocco, Tunisia, Thailand, Yemen and Zambia. In Yemen, youth-to-youth activities provided health and family planning information to young women who had married at a very early age; most had received little or no education, and many suffered ill health because of early child-bearing.

Youth clubs in Egypt, Ghana, Kenya, Morocco, Tunisia and Zambia were used to provide community-based education and family planning services to young people. Training enabled club members to lead discussions and stage plays conveying messages on family planning and responsible parenthood.

Evaluations in sub-Saharan Africa and Latin America indicated that information and communication materials and approaches developed through a UNFPA-funded interregional project had made rural out-of-school youth more receptive to the idea of planning for small families. In 1992, UNFPA provided support to FAO to adapt these materials and approaches to similar activities in various Caribbean countries and Brazil.

Nigerian schoolchildren. UNFPA support helped develop and test new approaches to teacher training.

UNICEF/Sean Sprague

High school sewing class in Nicaragua. UNFPA sought to combine information, education and communication activities for young people with strengthened reproductive-health and family planning services.

The Fund expanded its activities in formal population education, providing assistance to some 60 new and ongoing activities in all regions. These activities helped to initiate population education or consolidate its institutionalization in Benin, China, Morocco, Nepal, Nigeria, the Syrian Arab Republic, Togo and Yemen, among other countries. Successful programmes, begun in the early 1980s, took advantage of ongoing education reform in Nigeria and Morocco to complete the integration of population concepts into the general curricula and textbooks of primary and secondary schools.

The content of population education in most developing countries widened in 1992, to include such topics as: responsible sexual behaviour, particularly in regard to AIDS prevention and adolescent pregnancy; women's role and status in society and in development; and the interrelationships among population, the environment and resources.

Several countries tested new approaches to training teachers. For example, in India and Nigeria, UNFPA support helped to develop and test the feasibility of using self-learning modules to speed up the training of a great number of classroom teachers. This approach, which also seeks to reduce the costs involved in formal, classroom training, was also implemented and closely monitored in India, Morocco and Nepal, for instance.

UNFPA evaluated the impact of formal population education activities in several countries, including Burundi, India, Morocco and Nepal. The results indicated that while a high percentage of students had gained knowledge and understanding of population issues, this had not always resulted in a marked change in attitude towards important population issues. The evaluators concluded that population education in the classroom must be made more relevant to the daily concerns of each community.

The Fund collaborated with the Governments of Egypt, Nigeria and Pakistan in formulating and implementing population education programmes aimed at workers and trade union leaders. The programmes seek to generate support for family planning services provided in the work setting, by training workers to serve as family planning motivators, encouraging industrial workers to discuss family planning and contraception with fellow workers, and soliciting workers' opinions on how to improve the family planning services and counselling offered in the clinics at their work sites.

The experience gained from UNFPA-supported projects in this area indicates that workers are most receptive to family planning services and counselling when such services are incorporated in existing health services at their work sites, and non-clinical contraceptives are promoted.

Many UNFPA-assisted activities employed new and innovative approaches to IEC. For example, projects in a number of countries were designed to teach parents to communicate better with their children. The primary aim of such activities in Egypt, Ghana, Malawi, Mexico, the United Republic of Tanzania and Viet Nam was to create a mutually supportive environment that would encourage parents and children to talk to one another about such sensitive issues as human sexuality, family planning and contraception. The courses helped parents clarify their own feelings towards these issues and better understand the difficult choices young people face today.